U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE FEDERAL EMERGENCY MANAGEMENT AGENCY OMB No. 1660-0008 National Flood Insurance Program Important: Read the instructions on pages 1-9. Expiration Date: July 31, 2015 SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE A1. Building Owner's Name LARRY LAGASSE Policy Number: A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number: 103 WHISPERING PINES DR City Waveland State MS ZIP Code 39576 A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL # (161B-2-01-105.000) A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. N 30-17-30 Long. W 89-21-16 Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 5 A8. For a building with a crawlspace or enclosure(s): A9. For a building with an attached garage: a) Square footage of crawlspace or enclosure(s) a) Square footage of attached garage <u>NA</u> sq ft <u>NA</u> sq ft b) Number of permanent flood openings in the crawlspace Number of permanent flood openings in the attached garage or enclosure(s) within 1.0 foot above adjacent grade NA within 1.0 foot above adjacent grade <u>NA</u> Total net area of flood openings in A8.b NA Total net area of flood openings in A9.b NA sq in sq in d) Engineered flood openings? ☐ Yes Engineered flood openings? ☐ Yes SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B1. NFIP Community Name & Community Number B2. County Name B3. State Waveland 285262 Hancock MS B5. Suffix B6. FIRM Index Date B4. Map/Panel Number **B7. FIRM Panel** B8. Flood B9. Base Flood Elevation(s) (Zone 28045C-0361 D 10-16-09 Effective/Revised Date AO, use base flood depth) Zone(s) 10-16-09 20 Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☐ FIS Profile ☐ Community Determined ☐ Other/Source: B11. Indicate elevation datum used for BFE in Item B9:

NGVD 1929 ☑ NAVD 1988 ☐ Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☑ No Designation Date: NA ☐ CBRS □ OPA SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on: ■ Building Under Construction* ☐ Finished Construction *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: LOCAL Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below.

NGVD 1929
NAVD 1988
Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 21.0 ☐ meters b) Top of the next higher floor ☐ meters c) Bottom of the lowest horizontal structural member (V Zones only) ☐ meters d) Attached garage (top of slab) ☐ meters e) Lowest elevation of machinery or equipment servicing the building □ meters (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 12.0 ☐ meters g) Highest adjacent (finished) grade next to building (HAG) 12.8 ☐ meters h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support NA. □ meters SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a Check here if attachments. licensed land surveyor? Certifier's Name Duke Levy License Number 01722

Title Surveyor Company Name Duke Levy & Associates Address 1711 Waveland Ave. City Waveland State MS **ZIP Code 39576** Signature Date 1-24-14 Telephone 228-467-5212



ELEVATION CERTIFICATE, pa					
IMPORTANT: In these spaces, c					FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: Number:					Policy Number:
City Waveland	State	e MS ZIP	Code 395	76	Company NAIC Number:
SECTION	D - SURVEYOR, ENGINEER, OF	R ARCHITEC	T CERTI	FICATION (C	ONTINUED)
Copy both sides of this Elevation Certif	ficate for (1) community official, (2) inst	urance agent/co	ompany, a	nd (3) building (owner.
Comments WO # 14-111 BM - FIRE HYDRANT BOLT B/T 'AL' 8	"VILLE" ON FLANGE @ PROP @ EL	= 13.82' FEET			
Signature	Dum	Date 1-24	-14		
SECTION E – BUILDING ELE	VATION INFORMATION (SURVE	Y NOT REQU	JIRED) F	OR ZONE AO	AND ZONE A (WITHOUT BFE)
b) Top of bottom floor (including E2. For Building Diagrams 6–9 with p (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth ordinance?	trade, if available. Check the measurer the following and check the appropriation of the following and check the appropriation of the building is feet meters for equipment servicing the building is for equipment servicing the building is feet meters for equipment servicing the building is feet	ss Section A Items eet	w whether fe fes 8 and/or abov below feet fated in action in Sec	et meters [et meters [et meters [9 (see pages 8- e or below the HAG. meters a cordance with the tion G. **TATIVE) CERT **EA (without a Files**	above or below the highest adjacent above or below the HAG. above or below the LAG. 9 of Instructions), the next higher floor he HAG. bove or below the HAG. ne community's floodplain management
Property Owner's or Owner's Authorize			•		
Address		City		State	ZIP Code
Signature		Date		Teleph	none
Comments					☐ Check here if attachments
The local official who is authorized by law	SECTION G - COMMUNIT				n complete Sections A. R. C. (or F.) and G.
The local official who is authorized by law of this Elevation Certificate. Complete the	applicable item(s) and sign below. Che	ck the measure	ment used	I in Items G8–G	10. In Puerto Rico only, enter meters.
is authorized by law to certify 6 G2. A community official completed	vas taken from other documentation the elevation information. (Indicate the sound d Section E for a building located in Zound as G4–G10) is provided for community	urce and date o ne A (without a	f the eleva FEMA-iss	ation data in the sued or commur	
G4. Permit Number	G5. Date Permit Issued	G	6. Date C	ertificate Of Cor	mpliance/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (in G9. BFE or (in Zone AO) depth of flood G10. Community's design flood elevation	cluding basement) of the building: ing at the building site:	stantial Improve	ement feet feet feet	meters meters meters	Datum Datum Datum
Local Official's Name					
Community Name		Telepho	ne	-	
Signature		Date			
Comments					Check here if attachments

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1–9

OMB No. 1660-0008 Expiration Date: July 31, 2015

important: Read the instructions on pages 1–9.							
SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY USE					ISURANCE COMPANY USE		
A1. Building Owner's Name LARRY LAGASSE Policy Number:					Number:		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Company NAIC Number:					ny NAIC Number:		
City Waveland				State MS ZIP C	ode 39576	NAME OF TAXABLE PARTY.	
A3. Property Description (TAX PARCEL # (161B-2-0		mbers, Tax Parcel I	Number,	Legal Description, et	c.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. N 30-17-30 Long. W 89-21-16 Horizontal Datum: NAD 1927 NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 5 A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade or enclosure(s) within 1.0 foot above adjacent grade NA sq in the crawlspace or enclosure of flood openings? C) Total net area of flood openings? Yes No A8. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A7. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A8. Horizontal Datum: NAD 1927 NAD 1983 A8. For a building with an attached garage: a) Square footage of attached garage b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade NA c) Total net area of flood openings in A9.b NA sq in d) Engineered flood openings? Yes No							
	SECT	ION B – FLOOD	INSUR	ANCE RATE MAP	(FIRM) INFORMATION	ON	
B1. NFIP Community Name Waveland 285262	& Community No	umber	B2. Co	unty Name ck		B3. Sta	te
B4. Map/Panel Number 28045C-0361	B5. Suffix D	B6. FIRM Index D 10-16-09	Date	B7. FIRM Panel Effective/Revised Da 10-16-09	B8. Flood Zone(s) AE	В9.	Base Flood Elevation(s) (Zone AO, use base flood depth) 20
310. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9. ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source: 311. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: 312. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No ☐ Designation Date: NA ☐ CBRS ☐ OPA							
	SECTION	C - BUILDING	ELEVA	TION INFORMATION	ON (SURVEY REQUI	RED)	
1. Building elevations are based on:							
	SECTION	N D - SURVEYO	R, ENG	SINEER, OR ARCH	ITECT CERTIFICATI	ON	
This certification is to be sign information. I certify that the I understand that any false is Check here if comment Check here if attachmed Certifier's Name Duke Levy Title Surveyor	information on the statement may be as are provided on ents.	is Certificate representation of form. Company Name	or impri Were la	best efforts to interpressonment under 18 U.S atitude and longitude i d land surveyor? License Num Engineering	et the data available. S. Code, Section 1001. n Section A provided by ☑ Yes ☐ No ber 01722		PLACE SEALS SEALS SEALS LS. 1722
Address 314 Coleman Ave	>	City Waveland		State MS	ZIP Code 39576		OF MISSISS!
Signature		Date 1-15-15		Telephone '	228-463-0130	1	11/100

ELEVATION CERTIFICATE, pa	age 2	3.7.24			and the search of the season to the season of the season o
IMPORTANT: In these spaces, o		THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN THE P		1906.00.00	INSURANCE COMPANY USE
Building Street Address (including Apt. 103 WHISPERING PINES DR	, Unit, Suite, and/or Bldg. No.) or	P.O. Route and Bo	x No.		cy Number:
City Waveland		State MS ZIP	Code 39576	Com	ipany NAIC Number:
SECTION	D - SURVEYOR, ENGINEER	R, OR ARCHITE	CT CERTIFIC	CATION (CONT	NUED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2	2) insurance agent/	company, and	(3) building owner	
Comments PROJECT # 1001279	0.09				
Signature	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Date 1-1	5-15		10 Tag 1 Tag 38 1 Tag 1 Tag
SECTION E – BUILDING ELE	VATION INFORMATION (SII	RVFY NOT REQ	UIRED) FOI	R ZONE AO ANI	D ZONE A (WITHOUT BFE)
The state of the s	\cup				
For Zones AO and A (without BFE), co and C. For Items E1–E4, use natural g	omplete Items E1–E5. If the Certiforade, if available, Check the mea	ficate is intended to asurement used. In	support a LO Puerto Rico o	MA or LOMR-F red nly, enter meters.	quest, complete Sections A, B,
F1. Provide elevation information for	the following and check the appr	opriate boxes to sh	ow whether th	e elevation is abov	e or below the highest adjacent
grade (HAG) and the lowest adja a) Top of bottom floor (including	acent grade (LAG).				ove or D below the HAG.
b) Top of bottom floor (including	basement, crawlspace, or enclos	ure) is	_ ☐ feet	meters ab	ove or D below the LAG.
E2. For Building Diagrams 6–9 with (elevation C2.b in the diagrams)	permanent flood openings provide of the building is	ed in Section A Item feet ☐ meter	is 8 and/or 9 (s □ above c	see pages 8–9 of lor Delow the HA	nstructions), the next higher floor AG.
F3 Attached garage (top of slab) is	feet m	eters above or	☐ below the	e HAG.	
E4. Top of platform of machinery and E5. Zone AO only: If no flood depth	d/or equipment servicing the build	ling is	_ ☐ feet ☐	meters \square above	or \(\) below the HAG.
E5. Zone AO only: If no flood depth ordinance? ☐ Yes ☐ No ☐	Tumber is available, is the top of Unknown. The local official mu	st certify this inform	ation in Section	on G.	minumity o noodplain management
SECTION	F - PROPERTY OWNER (O	R OWNER'S RE	PRESENTA	TIVE) CERTIFIC	ATION
The property owner or owner's authorizor Zone AO must sign here. The stater	zed representative who complete nents in Sections A, B, and E are	s Sections A, B, and correct to the best	d E for Zone A of my knowled	\ (without a FEMA- dge.	issued or community-issued BFE)
Property Owner's or Owner's Authorize			8/3		
Address		City		State	ZIP Code
Signature		Date		Telephone	A STATE OF THE STA
Comments					
Comments					Charleton with attachments
	Park to the second				Check here if attachments
	SECTION G - COMMU				oplete Sections A. B. C. (or F.) and G.
The local official who is authorized by law of this Elevation Certificate. Complete the	applicable item(s) and sign below	. Check the measur	ement used in	items G8-G10. In	Puerto Rico only, enter meters.
is authorized by law to certify	elevation information. (Indicate the	ne source and date	of the elevation	on data in the Com	surveyor, engineer, or architect who ments area below.)
	d Section E for a building located				sued BFE) or Zone AO.
G3. The following information (Iter	ns G4–G10) is provided for comm				
G4. Permit Number	G5. Date Permit Issued	(G6. Date Cerl	tificate Of Complia	nce/Occupancy Issued
G7. This permit has been issued for:	☐ New Construction ☐] Substantial Impro	vement		
G8. Elevation of as-built lowest floor (in	cluding basement) of the building	j:	feet [] meters Da	tum
G9. BFE or (in Zone AO) depth of flood					tum
G10. Community's design flood elevation	n:		feet _] meters Dat	tum
Local Official's Name		Title		***************************************	
Community Name		Teleph	one		
Signature		Date			
Comments				į.	
					Check here if attachments

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION FOR INSURANCE COMPANY USE					
A1. Building Owner's Name LARRY LAGASSE Policy Number:					Policy Number:
A2. Building Street Address (including Ap 103 WHISPERING PINES DR	t., Unit, Suite, and/or	Bldg. No.) or P.O. Ro	oute and Box N	lo.	Company NAIC Number:
City Waveland		State MS	ZIP Code 3	39576	
A3. Property Description (Lot and Block N TAX PARCEL # (161B-2-01-105.000)	lumbers, Tax Parcel N	Number, Legal Descr	iption, etc.)		
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential A5. Latitude/Longitude: Lat. N 30-17-30 Long. W 89-21-16 Horizontal Datum: NAD 1927 NAD 1983 A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance. A7. Building Diagram Number 6 A8. For a building with a crawlspace or enclosure(s): a) Square footage of crawlspace or enclosure(s) b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade 4 c) Total net area of flood openings?					
SEC	TION B – FLOOD	INSURANCE RAT	E MAP (FIRI	M) INFORMATIO	N
B1. NFIP Community Name & Community Waveland 285262	Number	B2. County Name Hancock			B3. State MS
B4. Map/Panel Number 28045C-0361 B5. Suffix D	B6. FIRM Index D 10-16-09	Effective/Re	M Panel evised Date 6-09	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B11. Indicate elevation datum used for BFE	☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source: B11. Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☐ NAVD 1988 ☐ Other/Source: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☐ No Designation Date: NA ☐ CBRS ☐ OPA				
SECTION	N C – BUILDING I	ELEVATION INFO	RMATION (S	SURVEY REQUI	RED)
C1. Building elevations are based on: Construction Drawings* Building Under Construction* Finished Construction* *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: LOCAL Vertical Datum: NAVD 1988 Indicate elevation datum used for the elevations in items a) through h) below. NGVD 1929 NAVD 1988 Other/Source:					
Datum used for building elevations mus					the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) a) Top of bottom floor (including basement, crawlspace, or enclosure floor) 13.4 Meters meters MA. Meters Meters meters Ma. Meters Meters m					
g) Highest adjacent (finished) grade nexh) Lowest adjacent grade at lowest elev		including structural	13.2		☐ feet ☐ meters ☐ meters
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No					
Certifier's Name Duke Levy License Number 01722					
Title Surveyor	Company Name [Digital Engineering	1)		18/1
Address 314 Coleman Ave	City Waveland	Stat	e MS ZIP	Code 39576	OF WISSIS

Signature

Telephone 228-463-0130

Date 4-21-15

) (a.

ELEVATION CERTIFICATE, page 2				4
IMPORTANT: In these spaces, copy the corre	esponding information from	Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, an 103 WHISPERING PINES DR	d/or Bldg. No.) or P.O. Route and	Box No.		Policy Number:
City Waveland	State MS	ZIP Code 395	76	Company NAIC Number:
SECTION D - SURVEY	OR, ENGINEER, OR ARCHIT	ECT CERTII	FICATION (CC	ONTINUED)
Copy both sides of this Elevation Certificate for (1) cor	nmunity official, (2) insurance age	nt/company, a	nd (3) building o	wner.
Comments PROJECT # 1001279 A/C IS LOWEST MACHINERY				
Signature	Date 4	1-21-15	CITAL INSE	
SECTION E - BUILDING ELEVATION INFO	RMATION (SURVEY NOT RE	QUIRED) F	OR ZONE AO	AND ZONE A (WITHOUT BFE)
For Zones AO and A (without BFE), complete Items E and C. For Items E1–E4, use natural grade, if available E1. Provide elevation information for the following ar grade (HAG) and the lowest adjacent grade (LAG) a) Top of bottom floor (including basement, craw b) Top of bottom floor (including basement, craw b) Top of bottom floor (including basement, craw E2. For Building Diagrams 6–9 with permanent flood (elevation C2.b in the diagrams) of the building is E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment sets. Zone AO only: If no flood depth number is available ordinance? Yes No Unknown. The	e. Check the measurement used. and check the appropriate boxes to G). Ilspace, or enclosure) is Ilspace, or enclosure) is openings provided in Section A It is feet me ters above servicing the building is able, is the top of the bottom floor	In Puerto Rico show whether	the elevation is the elevation is the meters (see pages 8- or below the HAG. meters abcordance with the	ers. above or below the highest adjacent above or below the HAG. above or below the LAG. 9 of Instructions), the next higher floor the HAG. bove or below the HAG.
	TY OWNER (OR OWNER'S R			IFICATION
The property owner or owner's authorized representati or Zone AO must sign here. The statements in Section	ve who completes Sections A, B, s A, B, and E are correct to the be	and E for Zone	A (without a FE	
Property Owner's or Owner's Authorized Representation	/e's Name			
Address	City		State	ZIP Code
Signature	Date		Teleph	one
Comments				☐ Check here if attachments.
	N G - COMMUNITY INFORM			
The local official who is authorized by law or ordinance to of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the meas	surement used	in Items G8–G1	0. In Puerto Rico only, enter meters.
 G1. The information in Section C was taken from the is authorized by law to certify elevation information. G2. A community official completed Section E for a community of the information (Items G4–G10) is performance. 	ation. (Indicate the source and da a building located in Zone A (witho	te of the eleva ut a FEMA-iss	tion data in the 0 ued or communi	Comments area below.)
G4. Permit Number G5. Date Per	mit Issued	G6. Date Ce	ertificate Of Com	pliance/Occupancy Issued
G7. This permit has been issued for: New Cons G8. Elevation of as-built lowest floor (including baseme G9. BFE or (in Zone AO) depth of flooding at the buildir G10. Community's design flood elevation: Local Official's Name	nt) of the building:	☐ feet☐ feet☐ feet☐	☐ meters ☐ meters ☐ meters	Datum Datum Datum
	±	phone		
Community Name	Date	··		
Signature	Date	•		
Comments				☐ Check here if attachments.

ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the correspond	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bld 103 WHISPERING PINES DR	g. No.) or P.O. Route a	and Box No.	Policy Number:
City Waveland	State MS	ZIP Code 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.







2015 3952
Recorded in the Above
Deed Book & Page
04-20-2015 09:29:40 AM
Timothy A Kellar
Hancock County

WAVELAND

NONCONVERSION AGREEMENT with CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 20 day of April, 2015.
by Larry Lagasse ("Owner") having an address at
WITNESSETH: / WHEREAS, the Owner is the regord owner of all that real property located at
103 Whispering Plan in the City of Waveland, Ms. in the County of Hancock,
designated in the fax Records as 1613 - 2-01-105.00 WHEREAS, the Owner has applied for a permit to place a structure on that properly that has an
enclosed area below the base flood elevation constructed in accordance with the requirements of
Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number 325 and under Permit Number 17423
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the
following covenants, conditions and restrictions are placed on the affected property as a condition of
granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
1. The structure or parl thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is 2δ feet above mean sea level, National Geodetic Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited
storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or
plumbing devices shall not be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain
equipped with openings as shown on the Permit.
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the
structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the property for the purpose of
inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once
each year. More frequent inspections may be conducted if an annual inspection discovers a violation
of the Permil.
7. Other conditions:
In Wilness whereof the undersigned set their hands and seals this 20 day of Offil 20 15
any Categase
(Seal)
Owner Witness

State of Mississippi County of Hancock

> Timothy A. Kellar Chancery Clerk By: Sulis Care

My Commission Expires Dec. 31, 2015

Hancock County Chancery Clerk Instrument Recording Receipt

Book: Deed Inst: Agreement

Book/Page: 2015 / 3952 Ref: LARRY LAGASSE

Archiver	Record	Management	1.00
Deed			11.00
Recording	Fee		0.00
Total Fees	1	\$	12.00
~~~~~			
Total Due	:	\$	12.00
Cash Paid	:	\$	12.00
Total Paid	:	\$	12.00
Change Tue	:	\$	0.00

Have a Nice Day Timothy A Kellar

Term/Cashier: RM175-02-9MQQDQ / SHELIA

Tran: 10459.145417.175919 Printed: 04-20-2015 09:29:42 AM

#### WAVELAND

# FLOODPLAIN VENTING AFFIDAVIT City of Waveland

I hereby acknowledge that	City of Waveland
is issuing an Occupancy Certificate fo	
103 Whisperin	ia Pines
under F	Permit # 17423
undo i	Similar 1
a final inspection performed. At the tinespace access doors used to meet the would allow the automatic entry and edesigned to meet this requirement mule elimination or alteration of the opening automatic entry and exit of flood water Ordinance. Violations may incur civil placknowledge that alteration of the vening personal safety in the event of a flood.	ment Ordinance requirements have been met and me of inspection, vents and crawl flood venting requirements of the Ordinance exit of floodwaters. I acknowledge that all openings as the maintained as flood vents, and that the ges in any way that would no longer allow the result would no longer allow the result in greater risk to my property and the could result in greater risk to my property and flood insurance claims may be denied, and or flood insurance premiums increase if vents are
As witness the hand and seal o	f the owner of the subject property this
23 Rd day of April	,2015.
<b>y</b>	
hrestin Gellyhe	LARRY A- LAGASSE
WITNESS	OWNER (please print)
	Van Glagarer
	OWNED'S SIGNATIVE